What is special enrollment?

You may change or apply for health care coverage during an annual open enrollment period. Outside of the open enrollment period, you have a special enrollment period to enroll or change your coverage if you experience what’s known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job. Even if your triggering event occurs during open enrollment, you will still have a special enrollment period and your coverage effective date may differ from open enrollment effective dates. Please refer to the chart on page 2 for effective dates.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

If you have advance notice

If your triggering event is a loss of coverage and you know about it in advance, you may be able to apply for new coverage ahead of time. In this case, you have 60 days before and 60 days after you lose coverage to apply for new coverage. For example, you know that you will be laid off from your job.

In some cases, if there is a problem with your enrollment or an issue with a plan contract, the Health Insurance Marketplace determines the length of the special enrollment period.

Refer to pages 3–5 for detailed information on triggering events.
## What is my effective date?

Your coverage start date will depend on the type of triggering event you experience. Under “Loss of health care coverage,” the date of the triggering event is the last day of coverage under your prior plan.

When adding a newborn or newly adopted child or foster child, you have two options for listing the date of your triggering event. Choose the date of birth, adoption or placement, or the first day of the following month. Whichever option you choose will be your effective date.

Please review this chart to see your effective date.

<table>
<thead>
<tr>
<th>Type of event</th>
<th>Date we receive application or Account Change Form</th>
<th>Effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of health care coverage or change in eligibility for employer health coverage</td>
<td>On or before last date of coverage</td>
<td>First day of the month following the last date of coverage</td>
</tr>
<tr>
<td></td>
<td>After loss of coverage or change in employer coverage: between the 1st and the 15th of the month following the triggering event</td>
<td>First day of the following month</td>
</tr>
<tr>
<td></td>
<td>After loss of coverage or change in employer coverage: between the 16th and the last day of the month</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>Gaining or becoming a dependent through marriage or civil union registration</td>
<td>Any day of the month</td>
<td>First day of the month following receipt of application</td>
</tr>
<tr>
<td>Gaining a dependent through birth, adoption, or placement for adoption or foster care</td>
<td>Any day of the month</td>
<td>Date of birth, adoption, or placement for adoption or foster care or first day of the month following the event</td>
</tr>
<tr>
<td>Losing a dependent through divorce, dissolution of a civil union registration or legal separation</td>
<td>Between the 1st and 15th of the month</td>
<td>First day of the month following receipt of application</td>
</tr>
<tr>
<td></td>
<td>Between the 16th and the last day of the month</td>
<td>First day of the second month following receipt of application</td>
</tr>
<tr>
<td>Death of a subscriber or dependent</td>
<td>Any day of the month</td>
<td>First day of the month following receipt of application</td>
</tr>
<tr>
<td>Court order to cover a child</td>
<td>Any day of the month</td>
<td>Date the court order is effective</td>
</tr>
<tr>
<td>Permanent relocation, change in eligibility for federal financial assistance, change in immigration status or status as an American Indian/Native Alaskan</td>
<td>Between the 1st and 15th of the month</td>
<td>First day of the following month</td>
</tr>
<tr>
<td></td>
<td>Between the 16th and the last day of the month</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>Release from incarceration</td>
<td>Between the 1st and the 15th of the month</td>
<td>First day of the following month</td>
</tr>
<tr>
<td></td>
<td>Between the 16th and the last day of the month</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>Determination by the Health Insurance Marketplace</td>
<td>Any day of the month</td>
<td>Any day of the month as determined by the Health Insurance Marketplace, including a retroactive date</td>
</tr>
</tbody>
</table>

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
What are the triggering events?

The following is a list of all the different triggering events you might experience.

1 \textbf{Loss of health care coverage:}

\begin{itemize}
  \item You lose your employer-provided coverage for the following reasons:
    \begin{itemize}
    \item You lose your job.
    \item Your work hours are reduced, so you no longer qualify for coverage.
    \item The person who covers you on his/her employer health plan dies.
    \item You’re a dependent on the plan and your marital status changes due to a legal separation or divorce, so your eligibility as a dependent ends.
    \item You no longer live or work in the service area, and no other group health coverage is available to you.
    \item You're part of a group of employees that are no longer offered coverage from your employer.
    \item A dependent child has a birthday and no longer qualifies as a dependent.
    \item Your employer stops contributing premium payments for your group health coverage.
    \item Your COBRA coverage ends.
    \item Your retiree coverage is discontinued when your employer declares federal Chapter 11 bankruptcy.
    \item The person who covers you on his/her employer health plan becomes entitled to Medicare.
    \item Your group plan is renewing or ending on a date other than January 1.
    \end{itemize}
  \item You lose Medicaid. Common examples may include:
    \begin{itemize}
    \item You have a change in income.
    \item 60 days pass after delivering a child, or your pregnancy fails.
    \item You lose what’s known as “Medically Needy” coverage, which is special Medicaid coverage for people with too much income or assets to qualify for regular Medicaid, but who have high medical expenses. This type of special enrollment period may occur only once per calendar year.
    \end{itemize}
  \item You lose Medicare coverage.
  \item You lose individual plan coverage because:
    \begin{itemize}
    \item Your individual plan is renewing or ending on a date other than January 1.
    \item You become ineligible for individual coverage. For example, you are a dependent child reaching an age limit.
    \end{itemize}
\end{itemize}

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What are the triggering events? (continued)
Keep in mind, these events do NOT qualify as triggering events:
- You’re losing coverage because you didn’t pay your premiums.
- Your plan was rescinded.

2 Gaining, becoming, or losing a dependent:
- You have a baby, adopt a child, get married or enter a civil union—or foster a child if your plan includes coverage for foster children.
- You lose a dependent because the dependent reaches an age where they no longer qualify to be covered under your health plan, or the subscriber or a dependent dies.
- You lose a dependent because of a divorce, dissolution of civil union registration or legal separation.

Note: You do not need to be a current member to purchase a health plan for yourself or your family if you experience this triggering event by gaining, becoming, or losing a dependent. In the event of death of the subscriber or dependent, you qualify for a special enrollment period only if you are enrolled under the same plan as the deceased.

3 Court order to cover a child:
A state or federal court orders that a dependent child be covered as a dependent.

4 Permanent relocation:
You move to a new location and have a different choice of health plans.

5 Release from incarceration:
You were recently released from incarceration.

6 Change in eligibility for federal financial assistance through the Health Insurance Marketplace:
- Your or your dependent’s income level changes and, as a result, you and/or your dependents become eligible—or ineligible—for financial assistance.
- Your eligibility to enroll in a health plan with reduced costs (cost-share reduction) changes.
- The Federally Facilitated Marketplace (FFM) stops distributing financial assistance.

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What are the triggering events? (continued)

For more information about eligibility for federal financial assistance, visit healthcare.gov or call 1-800-318-2596. You can also call Kaiser Permanente for help at 1-800-494-5314.

7 Change in eligibility for employer health coverage:
Your employer discontinues or changes your current coverage options so that you become eligible for federal financial assistance.

8 Change in immigration status:
You’re newly entitled to have health care coverage because of an immigration status change. In this case, you may only enroll in a plan offered through the Health Insurance Marketplace. For more information, visit healthcare.gov or call 1-800-318-2596. You can also call Kaiser Permanente for help at 1-800-494-5314.

9 Coverage as an American Indian/Native Alaskan:
The Health Insurance Marketplace determines that you are eligible for a monthly special enrollment period to enroll in or change health plan coverage. In this case, you may only enroll in a plan through the Health Insurance Marketplace. For more information, visit healthcare.gov or call 1-800-318-2596. You can also call Kaiser Permanente for help at 1-800-494-5314.

10 Determination by the Health Insurance Marketplace:
The Health Insurance Marketplace determines that you are entitled to a special enrollment period due to extraordinary circumstances, such as an error or lack of action on the part of the Health Insurance Marketplace, or for any other reason.
Do I qualify for federal financial assistance?

You may qualify for financial assistance from the federal government to help pay your premiums and/or out-of-pocket expenses. To qualify for federal financial assistance, you must enroll in your Kaiser Permanente plan or any other issuer’s plan(s) through the Health Insurance Marketplace.

To learn more about the Health Insurance Marketplace and its requirements for special enrollment periods and triggering events, visit healthcare.gov or call 1-800-318-2596. You can also call us at 1-800-494-5314. We can help you apply for a Kaiser Permanente plan on the Health Insurance Marketplace, too.

How do I sign up?

Please complete these steps to apply directly with Kaiser Permanente during a special enrollment period.

New members, apply online or by mail or fax:

If you apply online:
• Fill out and submit the online application at buykp.org/apply within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.
• You’ll need to provide the exact triggering event and the date of the event under Step 1 on the application.
• Include your first month’s premium with your application. You can pay with a credit card, debit card, checking account number, or savings account number.

If you apply by mail or fax:
• Submit your signed paper application via mail or fax. We must receive your paper application within 60 days of your triggering event. If you apply close to the end of your special enrollment period, be sure we receive your application before your special enrollment period ends.
• You’ll need to provide the exact triggering event and the date of the event under Step 1 on the application.
• Include your first month’s premium with your application. Checks or money orders must be mailed with the application and cannot be faxed.

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How do I sign up? (continued)

Current Kaiser Permanente Individuals and Families plan members:

Mail or fax an Account Change Form:
- Please call 1-800-494-5314 to request an Account Change Form.
- Fill out and submit the form via mail or fax within 60 days of your triggering event. If you make an account change due to a triggering event, be sure we receive your Account Change Form before your special enrollment period ends. You can also call 1-800-494-5314 to make your account change over the phone or fax it to 1-866-920-6470.
- You’ll need to provide the exact triggering event and date of the event under Section B of the Account Change Form.

New applicants and current members, keep in mind:
- We must receive ALL your required materials within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.
- In some instances, you may submit your completed application up to 60 days in advance of your triggering event to avoid a gap in coverage.
- If you apply close to the end of your 60-day special enrollment period, you may want to fax us or use express mail to avoid missing the deadline. You can also call 1-800-494-5314 to enroll or make an account change over the phone.
- By submitting a signed application or Account Change Form, you are confirming that a triggering event occurred. If we decide that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage retroactively back to the effective date of coverage. You may also be liable for any services that you may have received.